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The table shows the fatality rate for 1915 to be less than half the rate for 1912. This difference is only apparent and not real; it is not due to a lessened virulence of the infective agent, but may be attributed to better reporting of cases. The real situation is more accurately indicated by the figures in the last column, which give the number of cases reported per 100 deaths. It will be noted that the number of cases reported in 1915 per 100 deaths was slightly more than double the number reported for 1912.

There is no check on the reporting of cases such as the necessity for obtaining burial permits provides for the reporting of deaths, and for that reason reporting is much more complete for deaths than for cases. It is likely, therefore, that the actual fatality rate is materially less than the 10 per cent rate indicated by the figures for 1915. Even at the indicated rate a typhoid-fever patient has a better chance of recovery than a newborn babe has of living a year in New Jersey.

## POLIOMYELITIS (INFANTILE PARALYSIS).

### PREVALENCE IN CITIES.

The following table gives the reported prevalence of poliomyelitis (infantile paralysis) during the present summer in cities in which five or more cases have been reported in any one week:

City.	Period covered.	Number of cases reported.
Atlantic City, N. J.	July 12 to Sept. 2.	19
Baltimore, Md.	July 2 to Sept. 2.	39
Bayonne, N. J.	June 25 to Sept. 5.	41
Birmingham, Ala.	July 2 to Aug. 26.	14
Boston, Mass.	do.	32
Bridgeport, Conn.	July 16 to Sept. 2.	27
Camden, N. J.	July 1 to Sept. 5.	49
Chicago, Ill.	June 18 to Sept. 2.	146
Cincinnati, Ohio.	July 9 to Sept. 2.	18
Cleveland, Ohio.	June 25 to Sept. 2.	22
Detroit, Mich.	July 9 to Sept. 2.	18
East Orange, N. J.	July 1 to Sept. 4.	40
Flint, Mich.	July 23 to Aug. 26.	19
Harrison, N. J.	July 1 to Aug. 31.	34
Haverhill, Mass.	July 2 to Sept. 2.	7
Jersey City, N. J.	do.	148
Kearny, N. J.	July 1 to Sept. 4.	32
Long Branch, N. J.	July 23 to Sept. 2.	14
Memphis, Tenn.	Aug. 6 to Sept. 2.	8
Minneapolis, Minn.	July 30 to Aug. 26.	42
Montclair, N. J.	July 1 to Sept. 4.	18
Newark, N. J.	June 18 to Sept. 4.	1,072
New York, N. Y.	June 4 to Sept. 7.	8,399
North Adams, Mass.	July 16 to Sept. 2.	12
Northampton, Mass.	July 30 to Sept. 2.	9
Orange, N. J.	July 1 to Sept. 4.	78
Perth Amboy, N. J.	July 2 to Sept. 2.	25
Philadelphia, Pa.	June 25 to Sept. 2.	503
Pittsburgh, Pa.	July 2 to Sept. 2.	21
Pittsfield, Mass.	July 9 to Sept. 2.	14
Plainfield, N. J.	July 1 to Aug. 29.	26
Providence, R. I.	July 2 to Sept. 2.	12
St. Louis, Mo.	June 11 to Sept. 2.	40
St. Paul, Minn.	July 23 to Aug. 26.	10
Somerville, Mass.	July 23 to Sept. 2.	16
Springfield, Mass.	July 30 to Aug. 5.	8
Stamford, Conn.	July 30 to Aug. 26.	43
Syracuse, N. Y.	June 18 to Sept. 2.	35
Toledo, Ohio.	July 9 to Sept. 2.	33
Trenton, N. J.	July 9 to Sept. 5.	22
Washington, D. C.	July 1 to Sept. 5.	40
West Hoboken, N. J.	July 1 to Sept. 5.	40

The disease is on the decrease in New York City.

In Philadelphia during the week ended September 2 there were 120 cases reported. During the preceding week 132 cases were reported.

In Long Branch, N. J., during the week ended September 2 there were eight cases reported, while during the preceding five weeks only six cases all together had been reported.

In Cleveland, Ohio, five cases were reported during the week ended September 2, while during the preceding two weeks two and one cases, respectively, were reported.

In the city of Washington (District of Columbia) there were three cases reported during the week ended September 2, and during the preceding three weeks seven, five, and three cases, respectively.

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### **POLIOMYELITIS (INFANTILE PARALYSIS).**

**MINIMUM REQUIREMENTS FOR ITS CONTROL INDORSED BY THE CONFERENCE OF STATE AND TERRITORIAL HEALTH AUTHORITIES WITH THE UNITED STATES PUBLIC HEALTH SERVICE, WASHINGTON, D. C., AUGUST 18, 1916.**

1. *Reports.*—Every physician, attendant, parent, householder, or other person having knowledge of a known or suspected case of acute anterior poliomyelitis (infantile paralysis) must immediately report the same to the local health authorities.

2. *Placarding.*—Whenever a case of acute anterior poliomyelitis is reported to the local health authorities, they shall affix in a conspicuous place at each outside entrance of the building, house, or flat, as the case may be, a warning card. Defacement of such placards or their removal by any other than the local health authorities or the duly authorized representative of the State board of health is strictly prohibited.

3. *Quarantine of patient.*—All cases of acute poliomyelitis must be quarantined for at least six weeks. Quarantine must not be raised, however, until the premises have been thoroughly disinfected by or under the supervision of the health officer. All persons continuing to reside on the infected premises shall be confined to the infected premises until quarantine has been raised, except as hereinafter provided.

No one but the necessary attendant, the physician, the health officer and representatives of the State board of health may be permitted to enter or leave the infected premises. Upon leaving they must take all precautions necessary to prevent the spread of the disease. The nursing attendant may leave the premises only on permission granted by the local health officer.

4. *Quarantine of exposures.*—Members of the family over 16 years of age may be removed from the infected premises upon permission